DRLOGY PATHOLOGY LAB

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Yash M. Patel
Age : 21 Years
Sex : Male
PID : 555

Sample Collected At:
125, Shivam Bungalow, S G Road, Mumbai

Ref. By: **Dr. Hiren Shah**

Registered on: 02:31 PM 02 Dec, 2X
Collected on: 03:11 PM 02 Dec, 2X
Reported on: 04:35 PM 02 Dec, 2X

LIVER FUNCTION TEST (LFT)

Investigation	Result		Reference Value	Unit
Primary Sample Type :	Serum			
AST (SGOT) IFCC without P5P	16.00		15.00 - 40.00	U/L
ALT (SGPT) IFCC without P5P	100.50	High	10.00 - 49.00	U/L
AST:ALT Ratio Calculated	0.50		<1.00	
GGTP IFCC	10.20		0 - 73	U/L
Alkaline Phosphatase (ALP) IFCC-AMP	15.40	Low	30.00 - 120.00	U/L
Bilirubin Total DPD	0.60		0.30 - 1.20	mg/dL
Bilirubin Direct DPD	0.10		<0.3	mg/dL
Bilirubin Indirect Calculated	0.10		<1.10	mg/dL
Total Protein Biure	6.39		5.70 - 8.20	g/dL
Albumin BCG	2.00		3.20 - 4.80	g/dL
A : G Ratio Calculated	0.10		0.90 - 2.00	

Note :

1. In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
2. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio>1 is highly suggestive of advanced liver fibrosis.
3. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

Thanks for Reference

****End of Report****

Medical Lab Technician
(DMLT, BMLT)

Dr. Payal Shah
(MD, Pathologist)

Dr. Vimal Shah
(MD, Pathologist)